

**CAMPAIGN EXPENSES**

Report Period

# 2Name (print) Don HarrisonOffice (if applicable) AP 21District (if applicable) 21**Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Ø	Ø	Ø	Ø

This page may be copied or duplicated if additional space is needed.



## Report Period # 2

# 2

2 District (if applicable)

[illegible]

21  
District (if applicable)

### Expenses of \$100 or Less

[illegible]

This page may be copied or duplicated if additional space is needed.